

# AGENT ORANGE REGISTRY CODE SHEET

TT	1. Use PTF	FACILITY NO.			SUFFIX		
#	Number Only	(2)	(3)	(4)	(5)	(6)	(7)
1							

## PART I

The information the veteran supplies may be disclosed outside the VA to Federal, State and local government agencies and National Health Organizations to assist in the development of programs for research purposes and other uses as stated in the "Notice of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

INSTRUCTIONS: Please print. Use only one letter or number per block. If possible use black ballpoint or felt-tip pen. Shaded areas for VA use only. (DO NOT USE BLUE INK)

2. LAST NAME																																					
3. FIRST NAME												4. MIDDLE NAME (49-58)										5. TYPE (59)															
6. SOCIAL SECURITY NUMBER (60)												7. SERVICE SERIAL NUMBER (Begin at left. Leave unused blocks)										8. D.O.B. (Complete all)															
																						MO DAY YR															
9. ADDRESS (Street Name and Apartment Number, If Applicable)																																					
CITY OR TOWN																																					
COUNTY												STATE				ZIP CODE (138-142)				(143) (144) (145)				COUNTY(147-149)				STATE (150-151)									
10. RACE/ETHNICITY (Enter one code at right)												15		11. MARITAL STATUS (Enter one code at right)										153													
1-American Indian or Alaskan Native														1-Married																							
3-Black, Not of Hispanic														3-Separated																							
Origin														5-Single, Never																							
12. SEX (Enter one code at right)		154		13. CURRENT STATUS										155		14. BRANCH OF SERVICE (If more than one, enter latest)										156											
1-Male 2-Female				1-Inpatient												1-Army																					
				2-Outpatient												3-Navy																					
				3-Incarcerated												5-Coast Guard																					
				4-Active Duty																																	
15. DID VETERAN HAVE MILITARY SERVE IN VIETNAM?																																					
1-No 2-Yes (If yes, list below the dates of veteran's last																																					
157																																					
A. LAST PERIOD		F R O M		MO(158-59)		YR		T O		MO(162-63)		YR		B. NEXT-TO-LAST PERIOD		F R O M		MO(166-67)		YR		T O		MO		YR											
16. IN WHAT CORPS OR AREA DID VETERAN SERVE? (Enter code at right)												174		17. LIST MILITARY UNITS IN WHICH VETERAN SERVED. PLEASE SPECIFY COMPLETE UNABBREVIATED TITLE (Company, battalion, etc.)																							
1-I Corps														5-Sea Duty																							
2-II Corps														6-More than																							
one																																					
3-III Corps														7-Other																							
18. ENTER THE DATES OF LAST TWO PERIODS OF SERVICE (If different from																																					
A. LAST		F R O M		MO		YR		T O		MO		YR		B. NEXT-TO-LAST PERIOD		F R O M		MO		YR		T O		MO		YR											
19. VETERANS'S EXPOSURE TO AGENT ORANGE (Enter a number in each of the following blocks using these codes)																																					
1-Definitely yes 2-Probably yes 3-Not sure																																					
A. I WAS INVOLVED IN HANDLING OR SPRAYING												191		B. I WAS NOT DIRECTLY SPRAYED BUT WAS IN A										192		C. I WAS EXPOSED TO HERBICIDES OTHER										193	
D. I WAS DIRECTLY SPRAYED WITH AGENT ORANGE												194		E. I ATE FOOD OR DRINK THAT COULD HAVE BEEN CONTAMINATED.										195													
20. ENTER ONE CODE AT THE RIGHT WHICH DESCRIBES HOW VETERAN ASSESSES OWN HEALTH																																					
1-Very good 2-Good 3-Fair																																					
196																																					

NAME:

SSN:

**PART II - To be completed by Examining Physician**

21. DATE OF EXAM			22. VETERANS COMPLAINT(s) (MAS coders, enter ICD-9-CM code at right)			203	204	205	206	207					
MONTH	DAY	YEAR													
(197-98)	(199-200)	(201-202)				208	209	210	211	212					
						213	214	215	216	217					
			A.												
			B.												
			C.												
23. DOES VETERAN ATTRIBUTE CHIEF COMPLAINT TO AGENT ORANGE EXPOSURE?			218	25. IS THERE EVIDENCE OF BIRTH DEFECTS AMONG VETERAN'S		220	26. DIAGNOSTIC WORKUP/CONSULTATION (Use the following codes):			A. DERMATOLOGY	221				
1=YES      2 =NO				1=NO			1=NO WORKUP, NO CONSULTATION DONE.								
				2=YES, CONCEIVED AFTER VIETNAM SERVICE			2=WORKUP / CONSULTATION DONE. DIAGNOSIS UNDETERMINED.			B. PULMONARY	222				
24. NUMBER OF VETERAN'S COMPLAINTS?			219	3=YES, CONCEIVED BEFORE VIETNAM SERVICE			3=WORKUP / CONSULTATION DONE. DIAGNOSIS ESTABLISHED.			C. PSYCHIATRY	223				
(CODE 5 OR MORE AS "5")				4=YES, BOTH BEFORE AND AFTER VIETNAM SERVICE			4=WORKUP / CONSULTATION DONE. NO DIAGNOSIS.			D. INFERTILITY/ GENETIC PROBLEM	224				
27. SPECIFY ANY ADDITIONAL WORKUPS / CONSULTATIONS PERFORMED WHICH WERE NOT LISTED IN ITEM															
28. LIST UP TO THREE DEFINITE DIAGNOSES (MAS coders enter ICD-9-CM Codes at															
A.						(225)	(226)	(227)	(228)	(229)					
B.						(230)	(231)	(232)	(233)	(234)					
C						(235)	(236)	(237)	(238)	(239)					
29. EVIDENCE OF NEOPLASIA (Specify diagnosis) ENTER "1" FOR YES AND "2" FOR NO IN BLOCK 240.						(240)	(241)	(242)	(243)	(244)	(245)				
30. IF NO DISEASE IS FOUND ENTER "1" IN BLOCK AT RIGHT, OTHERWISE, LEAVE BLANK.			246	31. ENTER YEAR OF ONSET FOR EACH DIAGNOSIS LISTED			1ST DX	247	248	2ND DX	249	250	3RD DX	251	252
32. DISPOSITION (Enter one code in each block)      1=YES      2=NO (Code item D separately according to															
A. EXAM COMPLETED			253	B. HOSPITALIZED AT THE VAMC FOR FURTHER TESTS			254	C. HOSPITALIZED AT THE VAMC FOR TREATMENT			255				
D. REFERRED FOR VA OUTPATIENT CARE			256												
E. REFERRED TO PRIVATE PHYSICIAN, NON-VA CLINIC OR NON-VA HOSPITAL			257	F. BIOPSY			258	G. SPECIMENS TO BE SENT TO AFIP			259				
33. REMARKS															
34. NAME OF EXAMINER (Please															
35. TITLE OF															
36. SIGNATURE OF EXAMINER															